

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/29/2005
NAME OF PROVIDER OR SUPPLIER JOHN UMSTEAD HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 1003 12TH ST BUTNER, NC 27509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 057	<p>482.13(c)(2) RECEIVE CARE IN A SAFE SETTING</p> <p>The patient has the right to receive care in a safe setting.</p> <p>This STANDARD is not met as evidenced by: Based on medical record review, hospital document review, staff interviews, and review of policy and procedure, the hospital failed to provide a safe environment for all individuals on the Adult Admissions Unit (AAU) by failing to follow its policy regarding search and seizure. Specifically the hospital failed to conduct a person search when staff had reasonable suspicion that patient #1 possessed a cigarette lighter on his person, which he used to start a fire in the Quiet Room of ward 234.</p> <p>Findings include:</p> <p>An unannounced complaint investigation was conducted on 3-29-05.</p> <p>1) Medical record review conducted on 3-29-05 revealed patient #1, a 48-year-old male, was admitted to ward 238 on 12-8-04 with the diagnoses of Schizoaffective Disorder, Bipolar Type and Antisocial Personality Disorder. Further review of the medical record revealed patient #1 was transferred to ward 234 on 2-25-05. Patient #1 was discharge to Granville County Jail on 3-28-05.</p> <p>Further review of patient #1's medical record revealed a progress note, dated 3-22-05 at 4:20pm, which was written by a Healthcare Technician (staff #1). Staff #1 documented "This writer smelled smoke in Rm (room) 19 doing</p>	A 057			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/29/2005
NAME OF PROVIDER OR SUPPLIER JOHN UMSTEAD HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 1003 12TH ST BUTNER, NC 27509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 057	<p>Continued From page 1</p> <p>3:00p rounds. Occupants, when questioned, told staff that (patient #1's name) had asked to use their restroom. When questioned, (patient #1's name) denied smoking, and gave staff permission to search his personal effects. Staff found cigarettes in pt's room. Smoke break was revoked 24 hours. RN and MD notified of infraction, escorted leisure cancelled as result". There was no evidence in the medical record that a person search was conducted on patient #1.</p> <p>Further review of the progress notes revealed a second note written by staff #1 and dated 3-22-05 at 9:45pm. Staff #1's progress note revealed "...this writer noticed smoke coming from the quiet room. Upon investigation it was found that (patient #1's name) had set fire to the mattress. The ward was evacuated and fire department was notified".</p> <p>2) On 3-29-05, the hospital document entitled "Timeline of Events; March 22, 2005; Fire Incident on AAU (Adult Admissions Unit) Ward 234" was reviewed. The document, prepared by the hospital's risk manager, outlined the events surrounding the fire that took place on 3-22-05 from approximately 3:00pm until 7:00pm. According to the document, around 3:00pm staff #1 "...smelled cigarette smoke in a patient room. The patients in the room stated that patient (medical record number of patient #1) had come in their room and asked to use the bathroom and that he smoked a cigarette while he was there".</p> <p>Further review of the "Timeline of Events" revealed at approximately 3:30pm staff #1 searched patient #1's room and found the following items: a pack of cigarettes, 1 knife, 1 canister of Butane, 1 hacksaw blade, 1 fork, 1</p>	A 057			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/29/2005
NAME OF PROVIDER OR SUPPLIER JOHN UMSTEAD HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 1003 12TH ST BUTNER, NC 27509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 057	<p>Continued From page 2</p> <p>spoon, 1 can of beans, 1 extension cord, 1 electrical outlet, and 1 CD player. Documentation also revealed around 3:30pm "A lighter is not found and the HCT (staff #1) suspects the patient still has it on his person. HCT (staff #1) immediately notifies the nurse (staff #2) of the contraband and his concerns about a lighter".</p> <p>According to the document, around 6:00pm staff #2 spoke with patient #1 and inquired if he had a lighter, and patient #1 denied that he smoked and denied having a lighter in his possession. Further review of the "Timeline of Events" revealed patient #1 went to the Quiet Room on his own at approximately 6:15pm, and at approximately 6:50pm "The door to the Quiet room was closed and a black liquid was coming from underneath the door. Staff opened the door and "...black smoke began to billow out of the Quiet Room".</p> <p>Further review of the "Timeline of Events" revealed at approximately 7:00pm patient #1 was placed in restraints on ward 238 secondary to assaultive behavior and "The patient was assessed for smoke inhalation by the doctor and a lighter was found on his person". According to the document, patient #1 had set the mattress in the Quiet Room on fire.</p> <p>3) An interview was conducted with staff #1 on 3-29-05. Interview revealed "I was doing my first round (of patient checks) and I smelled smoke in the room". Staff #1 reported he found contraband and cigarettes in patient #1's room, and he turned the items into staff #2. Staff #1 stated "I knew he (patient #1) had a lighter" and reported it was "common knowledge" that patient #1 had been smoking and therefore had matches or a lighter. Staff #1 confirmed that a person search was not</p>	A 057			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/29/2005
NAME OF PROVIDER OR SUPPLIER JOHN UMSTEAD HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 1003 12TH ST BUTNER, NC 27509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 057	<p>Continued From page 3</p> <p>conducted on patient #1, and reported that a physician's order would have been needed to "search his (patient #1's) person". Interview revealed that staff #1 found the lighter in patient #1's pocket after the fire and during patient #1's restraint episode on ward 238.</p> <p>On 3-29-05, an interview was conducted with staff #2, who was charge nurse on second shift of 3-22-05. Staff #2 reported healthcare technicians informed her that they "smelled smoked" on patient #1 on 3-21-05 (one day prior to the fire). Staff #2 reported staff also smelled smoke on patient #1 on 3-22-05. Further interview confirmed that staff searched patient #1's room and found a pack of cigarettes. Staff #2 reported that she explained to patient #1 that his smoking privileges were revoked for 24 hours due to finding contraband and cigarettes in his room. According to staff #2 patient #1 began "screaming" about wanting his smoke break. Staff suggested patient #1 go to the Quiet Room. While patient #1 was in the Quiet Room, water started pouring out of the Quiet Room as a result of a clogged toilet. Interview revealed that patient #1 stood in the doorway of the Quiet Room as staff cleaned up the water. Staff asked patient #1 to back up into the Quiet Room. Staff #2 reported she "realized black water was coming out from the Quiet Room door" (per the "Timeline of Events the Quiet Room door was closed at this point) and as staff opened the Quiet Room door "black smoke came billowing out". Staff #2 revealed that staff pulled the fire alarm, notified the supervisor, counted the patients on ward 234, and moved the patients outside the double doors of the ward. Staff #2 reported that "two staff got the patient (patient #1) out of the room and took him to ward 238 where the patient was searched</p>	A 057			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/29/2005
NAME OF PROVIDER OR SUPPLIER JOHN UMSTEAD HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 1003 12TH ST BUTNER, NC 27509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 057	<p>Continued From page 4</p> <p>and restrained". Staff #2 confirmed that a cigarette lighter was found on patient #2 during the restraint episode. Staff #2 stated the "only time you can do a body search without an order" is during a restraint episode. Staff #2 was not able to provide evidence that a physician was called to obtain an order for a person search. Patient #1's medical record revealed no documentation by staff #2 regarding the fire on 3-22-05, the contraband items found, or the healthcare technicians' concerns about patient #1 smoking and possibly having a cigarette lighter on his person.</p> <p>4) The hospital policy entitled "Search and Seizure" was reviewed on 3-29-05. The policy stated "2. Searches that are, or may be, carried out by hospital staff without approval of the Hospital Director are as follows: C. when employees have a reasonable suspicion that the patient has in his/her possession a weapon or instrument making the patient dangerous to self or others, and this danger is imminent". According to patient #1's medical record and staff interviews, the staff had reasonable suspicion that patient #1 had a cigarette lighter in his possession. There was no evidence in the hospital policy and procedure that a physician's order must be obtained to conduct a person search. On 3-29-05, administrative staff confirmed there was no policy that stated a physician's order must be obtained to conduct a person search. There was no evidence that staff #2 followed hospital policy and procedure after staff #1 conveyed reasonable suspicion that patient #1 had a cigarette lighter on his person. As a result, all patients on the Adult Admissions Unit were placed at risk due to the fire that occurred on ward 234.</p>	A 057			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/29/2005
NAME OF PROVIDER OR SUPPLIER JOHN UMSTEAD HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 1003 12TH ST BUTNER, NC 27509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 204	<p>482.23(b)(3) RN SUPERVISION OF NURSING CARE</p> <p>A registered nurse must supervise and evaluate the nursing care for each patient.</p> <p>This STANDARD is not met as evidenced by: Based on medical record review, hospital document review, staff interviews, and review of policy and procedure, nursing staff failed to provide appropriate RN supervision for 1 of 1 sampled patients (patient #1) on the Adult Admissions Unit (ward 234). Specifically, the Registered Nurse (staff #2) failed to follow the hospital procedure regarding search and seizure when staff had reasonable suspicion that patient #1 had a cigarette lighter in his possession.</p> <p>Findings include:</p> <p>1) Medical record review conducted on 3-29-05 revealed patient #1, a 48-year-old male, was admitted to ward 238 on 12-8-04 with the diagnoses of Schizoaffective Disorder, Bipolar Type and Antisocial Personality Disorder. Further review of the medical record revealed patient #1 was transferred to ward 234 on 2-25-05. Patient #1 was discharge to Granville County Jail on 3-28-05.</p> <p>2) On 3-29-05, the hospital document entitled "Timeline of Events; March 22, 2005; Fire Incident on AAU (Adult Admissions Unit) Ward 234" was reviewed. The document, prepared by the hospital's risk manager, outlined the events surrounding the fire that took place on 3-22-05 from approximately 3:00pm until 7:00pm. According to the document, around 3:00pm a healthcare technician (staff #1) "...smelled</p>	A 204			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/29/2005
NAME OF PROVIDER OR SUPPLIER JOHN UMSTEAD HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 1003 12TH ST BUTNER, NC 27509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 204	<p>Continued From page 6</p> <p>cigarette smoke in a patient room. The patients in the room stated that patient (medical record number of patient #1) had come in their room and asked to use the bathroom and that he smoked a cigarette while he was there".</p> <p>Further review of the "Timeline of Events" revealed at approximately 3:30pm staff #1 searched patient #1's room and found the following items: a pack of cigarettes, 1 knife, 1 canister of Butane, 1 hacksaw blade, 1 fork, 1 spoon, 1 can of beans, 1 extension cord, 1 electrical outlet, and 1 CD player. Documentation also revealed around 3:30pm "A lighter is not found and the HCT (staff #1) suspects the patient still has it on his person. HCT (staff #1) immediately notifies the nurse (staff #2) of the contraband and his concerns about a lighter". There was no evidence in the medical record around this time (3:30pm) that staff #2 provided follow-up to staff #1's concerns that patient #1 possessed a lighter.</p> <p>According to the document, around 6:00pm staff #2 spoke with patient #1 and inquired if he had a lighter, and patient #1 denied that he smoked and denied having a lighter in his possession. There is no evidence that staff #2 provided further intervention regarding staff #1's reasonable suspicion that patient #1 possessed a cigarette lighter. Further review of the "Timeline of Events" revealed patient #1 went to the Quiet Room on his own at approximately 6:15pm, and at approximately 6:50pm "The door to the Quiet room was closed and a black liquid was coming from underneath the door. Staff opened the door and "...black smoke began to billow out of the Quiet Room".</p>	A 204			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/29/2005
NAME OF PROVIDER OR SUPPLIER JOHN UMSTEAD HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 1003 12TH ST BUTNER, NC 27509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 204	<p>Continued From page 7</p> <p>Further review of the "Timeline of Events" revealed at approximately 7:00pm patient #1 was placed in restraints on ward 238 secondary to assaultive behavior and "The patient was assessed for smoke inhalation by the doctor and a lighter was found on his person". According to the document, patient #1 had set the mattress in the Quiet Room on fire.</p> <p>Patient #1's medical record revealed no documentation by staff #2 regarding the fire on 3-22-05, the contraband items found, or the healthcare technicians' concerns about patient #1 smoking and possibly having a cigarette lighter on his person.</p> <p>3) An interview was conducted with staff #1 on 3-29-05. Interview revealed "I was doing my first round (of patient checks) and I smelled smoke in the room". Staff #1 reported he found contraband and cigarettes in patient #1's room, and he turned the items into staff #2. Staff #1 stated "I knew he (patient #1) had a lighter" and that it was "common knowledge" that patient #1 had been smoking and therefore had matches or a lighter. Staff #1 confirmed that a person search was not conducted on patient #1, and reported that a physician's order would have been needed to "search his (patient #1's) person". Interview revealed that staff #1 found the lighter in patient #1's pocket after the fire and during patient #1's restraint episode on ward 238.</p> <p>On 3-29-05, an interview was conducted with staff #2, who was charge nurse on second shift of 3-22-05. Staff #2 reported healthcare technicians informed her that they "smelled smoked" on patient #1 on 3-21-05 (one day prior to the fire). Staff #2 reported staff also smelled smoke on</p>	A 204			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/29/2005
NAME OF PROVIDER OR SUPPLIER JOHN UMSTEAD HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 1003 12TH ST BUTNER, NC 27509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 204	<p>Continued From page 8</p> <p>patient #1 on 3-22-05. Further interview confirmed that staff searched patient #1's room and found a pack of cigarettes. Staff #2 reported that she explained to patient #1 that his smoking privileges were revoked for 24 hours due to finding contraband and cigarettes in his room. According to staff #2 patient #1 began "screaming" about wanting his smoke break. Staff suggested patient #1 go to the Quiet Room. While patient #1 was in the Quiet Room, water started pouring out of the Quiet Room as a result of a clogged toilet. Interview revealed that patient #1 stood in the doorway of the Quiet Room as staff cleaned up the water. Staff asked patient #1 to back up into the Quiet Room. Staff #2 reported she "realized black water was coming out from the Quiet Room door" (per the "Timeline of Events the Quiet Room door was closed at this point) and as staff opened the Quiet Room door "black smoke came billowing out". Staff #2 confirmed that staff pulled the fire alarm, notified the supervisor, counted the patients on ward 234, and moved the patients outside the double doors of the ward. Staff #2 reported that "two staff got the patient (patient #1) out of the room and took him to ward 238 where the patient was searched and restrained". Staff #2 confirmed that a cigarette lighter was found on patient #2 during the restraint episode. Staff #2 stated the "only time you can do a body search without an order" is during a restraint episode. Staff #2 was not able to provide evidence that a physician was called to obtain an order for a person search or that a person search was conducted.</p> <p>4) The hospital policy entitled "Search and Seizure" was reviewed on 3-29-05. The policy stated "2. Searches that are, or may be, carried out by hospital staff without approval of the</p>	A 204			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344004		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/29/2005	
NAME OF PROVIDER OR SUPPLIER JOHN UMSTEAD HOSP				STREET ADDRESS, CITY, STATE, ZIP CODE 1003 12TH ST BUTNER, NC 27509			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 204	Continued From page 9 Hospital Director are as follows: C. when employees have a reasonable suspicion that the patient has in his/her possession a weapon or instrument making the patient dangerous to self or others, and this danger is imminent". According to patient #1's medical record and staff interviews, the staff had reasonable suspicion that patient #1 had a cigarette lighter in his possession. There was no evidence that a physician's order must be obtained to conduct a person search. On 3-29-05, administrative staff confirmed there was no policy that stated a physician's order must be obtained to conduct a person search. There was no evidence revealed in interview or in the medical record that staff #2 followed hospital policy and addressed and/or followed-up on the suspicions reported by staff #1 that patient #1 had a cigarette lighter on his person.			A 204			